

FILED APR 3 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **8325**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>301</u>	
1. PLACE OF DEATH a. COUNTY <u>Green</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hope</u>		<u>0843</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2018 N. Robinson Ave</u>				d. STREET ADDRESS (If rural, give location) <u>South part of Pleasant Hope</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah</u>		b. (Middle) <u>Florence</u>		c. (Last) <u>Prater</u>	
4. DATE OF DEATH		(Month) (Day) (Year) <u>March 30 1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 15 1875</u>	
9. AGE (in years last birthday) <u>74</u>		10. MONTHS <u>6</u>		11. DAYS <u>15</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Polk County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Cowden</u>		13b. MOTHER'S MAIDEN NAME <u>Elinor Elizabeth Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Silas Emerson Prater</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Silas Emerson Prater</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MOX</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> <u>23 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19 <u>42</u> , to <u>Mar 30, 1950</u> , that I last saw the deceased alive on <u>Mar 29</u> , 19 <u>50</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Dittel</u>		(Type or Print) <u>M.D.</u>		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>3-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hope, Mo.</u>	
DATE REC'D BY LOCAL REG <u>3-30-50</u>		REGISTRAR'S SIGNATURE <u>W. E. Handley</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Handley</u>			
				ADDRESS <u>W. E. Handley</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Willard B. Erwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Balwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.